

*Please return order form to:*  
Office of Criminal Justice Planning  
Business Management Branch  
1130 K Street, LL60  
Sacramento, CA 95814

*Please Print or Type*

HOSPITAL/ORGANIZATION		REQUEST SUBMITTED BY	DATE
CONTACT PERSON	DIVISION/UNIT	PHONE	
STREET ADDRESS			
CITY	STATE	ZIP CODE	

<i>Description</i>	<i>Slamm Number</i>	<i>Unit Measure</i>	<i>Quantity Wanted</i>	<i>Quantity Shipped</i>
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FORMS

OCJP-923 ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION ..	0000-111-0015-0	EA	_____	_____
OCJP-925 ADULT/ADOLESCENT SEXUAL ABUSE EXAMINATION .....	0000-111-0016-0	EA	_____	_____
OCJP-930 CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION .....	0000-111-0017-0	EA	_____	_____
OCJP-950 SEXUAL ASSAULTSUSPECT EXAMINATION .....	0000-111-0018-0	EA	_____	_____

GUIDES

MEDICAL PROTOCOL FOR EXAMINATION OF SEXUAL ASSAULT AND CHILD SEXUAL ABUSE VICTIMS .....	0000-111-0019-0	EA	_____	_____
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BMB USE ONLY

DATE RECEIVED	DATE SHIPPED	<input type="checkbox"/> USPS <input type="checkbox"/> UPS	SHIPPED BY
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